

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Title:: CLOSURE SYSTEM FOR TUBULAR
ORGANS
Attorney Docket Number:: 32201-1090
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 2
Small Entity?:: Yes
Secrecy Order in Parent
Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Michel
Middle Name::
Family Name:: Bachmann
City of Residence:: Vaux sur Morges

State or Province of Residence::

Country of Residence:: Switzerland

Street of mailing address:: Pré Floret

City of mailing address:: Vaux sur Morges

State or Province of mailing address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-1126

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

Given Name:: Christian

Middle Name::

Family Name:: Imbert

City of Residence:: Lausanne

State or Province of Residence::

Country of Residence:: Switzerland

Street of mailing address:: PSE-B P.O. Box 115

City of mailing address:: Lausanne

State or Province of mailing address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-1015

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Alain
Middle Name::
Family Name:: Jordan
City of Residence:: Lausanne
State or Province of Residence::
Country of Residence:: Switzerland
Street of mailing address:: PSE-B P.O. Box 115

City of mailing address:: Lausanne
State or Province of mailing address::
Country of mailing address: Switzerland
Postal or Zip Code of mailing address:: CH-1015

Correspondence

Information

Correspondence Customer

Number:: 35023

Name::

Street of mailing address::

City of mailing address::

**State or Province of mailing
address::**

**Postal or Zip Code of mailing
address::**

Phone number::

Fax Number::

E-Mail address::

Representative

Information

Representative Customer		
Number::	35023	

Domestic Priority

Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority

Information

Country::	Application Number::	Filing Date::	Priority Claimed::
PCT	PCT/CH2004/000136	8 March 2004	YES

Assignee Information

Assignee name:: EndoArt SA

Street of mailing address:: PSE-B P.O. Box 115

City of mailing address:: Lausanne

State or Province of mailing address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-1015